

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

|   |  |   |
|---|--|---|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)              |  | API NO. (assigned by OCD on New Wells)<br><b>30-025-04579</b>                                       |
| 1. Type of Well:<br>OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/><br>WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                     |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator<br><b>CHEVRON U.S.A. INC.</b>   |  | 6. State Oil & Gas Lease No.<br><b>N/A</b>  |
| 3. Address of Operator<br><b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>  |  | 7. Lease Name or Unit Agreement Name<br><b>EUNICE MONUMENT SOUTH UNIT</b>                           |
| 4. Well Location<br>Unit Letter <b>G</b> : <b>2310</b> Feet From The <b>NORTH</b> Line and <b>2310</b> Feet From The <b>EAST</b> Line<br>Section <b>9</b> Township <b>21S</b> Range <b>36E</b> NMPM <b>LEA</b> County |  | 8. Well No.<br><b>300</b>   |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><b>3570' GR</b>   |  | 9. Pool name or Wildcat<br><b>EUNICE MONUMENT/GB-SA</b>   |

|  |   |   |   |
|--|---|---|---|
| 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |   |   |
| <b>NOTICE OF INTENTION TO:</b>   |   | <b>SUBSEQUENT REPORT OF:</b>                      |   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                               | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" type="checkbox"/> | ALTER CASING <input type="checkbox"/>   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                 | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>  | PLUG AND ABAN. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>                                |   | CASING TEST AND CMT JOB <input type="checkbox"/>  |   |
| OTHER: <input type="checkbox"/>  |   | OTHER: <input type="checkbox"/>                   |   |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

WORK PERFORMED 2-7 THRU 2-8-94  
ND WH, NU BOP. ACDZ OH 3707-3905'  
W/4000 GAL 15% NEFE HCL. SWAB BACK LOAD. RETURN TO PRODUCTION

PRODUCTION BEFORE WORKOVER = 17 BO, 151 BW & 1 MCFPD  
PRODUCTION AFTER WORKOVER = 17 BO, 250 BW, 3 MCFPD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 3/2/94  
TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON  
CONDITIONS OF APPROVAL, DISTRICT I SUPERVISOR

DATE MAR 04 1994